

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Rahm Emanuel

A. Phyllis Busansky for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 272988 City Tampa State FL Zip Code 33688 Purpose of Disbursement Contribution-Federal Candidate Candidate Name Phyllis Busansky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D142767 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. R I Democratic Federal Account Full Name (Last, First, Middle Initial) Mailing Address PO BOX 6004 City Providence State RI Zip Code 02940-6004 Purpose of Disbursement Contribution-Federal PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D142770 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Tim Walz for Congress Full Name (Last, First, Middle Initial) Mailing Address 630 North Riverfront Drive City Mankato State MN Zip Code 56001 Purpose of Disbursement Contribution-Federal Candidate Candidate Name Tim Walz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D142765 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)